PTO/SB/06 (12-04)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. 0645, 117 PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) NUMBER FILED FOR NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$) FEE (\$) BASIC FEE (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(k), (i), or (m)) **EXAMINATION FEE** (37 CFR 1.18(o), (p), or (q)) TOTAL CLAIMS minus 20 = OR (37 CFR 1.16(1)) INDEPENDENT CLAIMS (37 CFR 1.16(h)) minus 3 = If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()) " If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL **APPLICATION AS AMENDED - PART II** OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (\$) RATE (\$) ADDI-TIONAL ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL AMENDMENT PAID FOR FEE (\$) FEE (\$) Total Minus (37 CFR 1.180)) ENDM OR Minus Ц (27 CFR 1.18(kg) OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) HIGHEST CI AIMS PRESENT REMAINING 8 RATE (\$) ADDI RATE (\$) **EXTRA AFTER PREVIOUSLY** TIONAL TIONAL ENT AMENDMENT PAID FOR FEE (\$) FEE (\$) Total (37 GFR 1.160)) Minus ENDM X OR Independent (37 CFR 1.18(h)) Minus OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(II)) OR

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiathly is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Tracement's Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS Applications of the Patients B.O. Box 1450, Alexandria VA 22313-1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE

TOTAL

ADO'L FEE

OR